

**J.D. Smith Insurance Brokers**  
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## SECURITY SERVICES LIABILITY INSURANCE INSTALLERS APPLICATION

**This Supplemental Application must be submitted along with  
our main Security Service Liability Insurance Application**

Applicant Name \_\_\_\_\_

1. Describe years of experience in security installations \_\_\_\_\_

Does your firm offer any monitoring services?  Yes  No

If yes, complete the Central Station Monitoring Supplemental.

If no, confirm which Central Station y provides the monitoring services \_\_\_\_\_

Confirm if your firm is responsible for connecting the alarm to the  
central station, or if your customer arranges their own connection. \_\_\_\_\_

2. Do you have a formal contract with the central station monitoring company?  Yes  No

If yes, please supply a copy.

If no, please provide details on the verbal agreement you have made with the monitoring station \_\_\_\_\_

Does the contract contain a "Hold Harmless Agreement" in your favour?  Yes  No

3. Are jobs inspected by supervisors/foremen during installation?  Yes  No By whom? \_\_\_\_\_

Are jobs inspected after completion?  Yes  No By whom? \_\_\_\_\_

4. Please indicate percentage of your business in the following:

Furriers/Jewellers \_\_\_\_\_ % Is U. L. C. listed equipment used?  Yes  No

Financial Institutions \_\_\_\_\_ % Is U. L. C. listed equipment used?  Yes  No

5. Do you offer any services on Off road/Forestry equipment or machinery?  Yes  No

6. Do you provide any services relating to breathing apparatus?  Yes  No

7. Do you provide any services on fire hydrants?  Yes  No

8. Do you provide any services on ships or vessels?  Yes  No

9. Do you provide any services for sawmills/barns?

Yes  No

**Please confirm the following:**

A. All products are U.L.C. approved or similar?

Yes  No

B. 100% of the products used in your installations are from Canadian and/or USA manufacturers?

Yes  No

If no, please advise the following:

a) List of products which are purchased from foreign manufacturers \_\_\_\_\_

\_\_\_\_\_

b) Which countries are products in a) manufactured in? \_\_\_\_\_

c) Percentage of total products are purchased from foreign manufacturers? \_\_\_\_\_

d) Do you alter the products in any way, before installation?  Yes  No

e) Do you re-label the products?  Yes  No

Completion of this application does not bind the Insurer to provide the Insurance. It is agreed, however, that this application shall form the basis of the contract, should the insurer issue the policy. I/We declare that in the best of my/our knowledge and belief, all of the forgoing statements are the declarations upon which an Insurance policy may be issued.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**IMPORTANT MANDATORY INDICATOR – CHOOSE ONE**      **New Business Application**       **Renewal Application**

SUBMITTED BY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

eDelivery: Do you want all Policy Documentation Delivered by Email to this address?  Yes  No